

Cabinet for Health and Family Services
Employee Satisfaction Survey, 2005

The Cabinet invites you to provide feedback concerning the quality of our organization's climate, management, and conditions of employment. Please print the survey, complete it manually, and mail it to the address given below.

Please note that all information is anonymous.

The Cabinet will collect and summarize all data from this survey and then work with each Office/Department to help communicate and make improvements as necessary. Therefore, your responses are vital to begin the process of making positive change.

Please respond before November 22, 2005.

Organizational Information: Please identify the unit currently assigned to.

Department for Mental Health/Mental Retardation Services	Department for Community Based Services	Other Cabinet Units:
<input type="checkbox"/> Central ICF/MR	<input type="checkbox"/> Barren River	<input type="checkbox"/> Office of Contract Oversight
<input type="checkbox"/> Central State Hospital	<input type="checkbox"/> Big Sandy	<input type="checkbox"/> Office of Fiscal Services
<input type="checkbox"/> DelMaria	<input type="checkbox"/> Bluegrass Fayette	<input type="checkbox"/> Office of Human Resource Management
<input type="checkbox"/> Frankfort	<input type="checkbox"/> Bluegrass Rural	<input type="checkbox"/> Office of Technology
<input type="checkbox"/> Glasgow State Nursing Facility	<input type="checkbox"/> Cumberland Valley	<input type="checkbox"/> Administrative and Fiscal Affairs - Other
<input type="checkbox"/> Hazelwood Center	<input type="checkbox"/> FIVCO	<input type="checkbox"/> Comm. for Children with Special Health Care Needs
<input type="checkbox"/> KCPC	<input type="checkbox"/> Frankfort	<input type="checkbox"/> Children and Family Services - Other
<input type="checkbox"/> Meadows	<input type="checkbox"/> Gateway/Buffalo Trace	<input type="checkbox"/> Dept. for Medicaid Services
<input type="checkbox"/> Oakwood	<input type="checkbox"/> Green River	<input type="checkbox"/> Dept for Public Health
<input type="checkbox"/> Volta	<input type="checkbox"/> Kentucky River	<input type="checkbox"/> Office of Health Policy
<input type="checkbox"/> Western State Hospital	<input type="checkbox"/> KIPDA Jefferson	<input type="checkbox"/> Health Services - Other
<input type="checkbox"/> Western State Nursing	<input type="checkbox"/> KIPDA Rural	<input type="checkbox"/> Dept. for Disability Determination Services
<input type="checkbox"/> Windsong	<input type="checkbox"/> Lake Cumberland	<input type="checkbox"/> Dept. for Human Support Services
	<input type="checkbox"/> Lincoln Trail	<input type="checkbox"/> Office of the Ombudsman
	<input type="checkbox"/> Northern Kentucky	<input type="checkbox"/> Human Services - Other
	<input type="checkbox"/> Pennyrile	<input type="checkbox"/> Inspector General
	<input type="checkbox"/> Purchase	<input type="checkbox"/> Legal Services
		<input type="checkbox"/> Legislative & Public Affairs
		<input type="checkbox"/> Office of the Secretary - Other

Type of Employment: Please check the appropriate category.

- ☐ Employee
- ☐ Contractor

Position: Please check one category to indicate the type of work you do.

- ☐ Direct Client Care or Service
- ☐ Administrative, Technical and Support
- ☐ Management and Supervision

Employee Satisfaction. Please check the response that best reflects your opinion and provide comments pertinent to each question. NOTE: Comments may not exceed 100 lines of text for each different question and may be included as an attachment referencing the specific question.

01. Overall satisfaction - I am satisfied with my employment at CHFS.

- | | | | | |
|--|--------------------------------------|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> 1. Strongly
Disagree | <input type="checkbox"/> 2. Disagree | <input type="checkbox"/> 3. Undecided | <input type="checkbox"/> 4. Agree | <input type="checkbox"/> 5. Strongly
Agree |
|--|--------------------------------------|---------------------------------------|-----------------------------------|---|

Comments:

02. I know what I am expected to do in my job.

- | | | | | |
|--|--------------------------------------|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> 1. Strongly
Disagree | <input type="checkbox"/> 2. Disagree | <input type="checkbox"/> 3. Undecided | <input type="checkbox"/> 4. Agree | <input type="checkbox"/> 5. Strongly
Agree |
|--|--------------------------------------|---------------------------------------|-----------------------------------|---|

Comments:

03. I receive the training necessary to be successful in my job.

- | | | | | |
|--|--------------------------------------|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> 1. Strongly
Disagree | <input type="checkbox"/> 2. Disagree | <input type="checkbox"/> 3. Undecided | <input type="checkbox"/> 4. Agree | <input type="checkbox"/> 5. Strongly
Agree |
|--|--------------------------------------|---------------------------------------|-----------------------------------|---|

Comments:

04. I am provided the computer technology I need to do my job effectively.

- | | | | | |
|--|--------------------------------------|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> 1. Strongly
Disagree | <input type="checkbox"/> 2. Disagree | <input type="checkbox"/> 3. Undecided | <input type="checkbox"/> 4. Agree | <input type="checkbox"/> 5. Strongly
Agree |
|--|--------------------------------------|---------------------------------------|-----------------------------------|---|

Comments:

05. I am provided with the resources (supplies, furniture, and equipment) needed to do my job.

- | | | | | |
|--|--------------------------------------|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> 1. Strongly
Disagree | <input type="checkbox"/> 2. Disagree | <input type="checkbox"/> 3. Undecided | <input type="checkbox"/> 4. Agree | <input type="checkbox"/> 5. Strongly
Agree |
|--|--------------------------------------|---------------------------------------|-----------------------------------|---|

Agree

Comments:

06. I receive Cabinet and office information in a timely manner.

☐ 1. Strongly Disagree ☐ 2. Disagree ☐ 3. Undecided ☐ 4. Agree ☐ 5. Strongly Agree

Comments:

07. My office is inclusive and accepting of diversity and demonstrates equal treatment regardless of class.

☐ 1. Strongly Disagree ☐ 2. Disagree ☐ 3. Undecided ☐ 4. Agree ☐ 5. Strongly Agree

Comments:

08. I feel safe in my work environment.

☐ 1. Strongly Disagree ☐ 2. Disagree ☐ 3. Undecided ☐ 4. Agree ☐ 5. Strongly Agree

Comments:

09. I have the opportunity to use my best skills at work.

☐ 1. Strongly Disagree ☐ 2. Disagree ☐ 3. Undecided ☐ 4. Agree ☐ 5. Strongly Agree

Comments:

10. In the last two weeks, I have received recognition or praise for doing good work.

☐ 1. Strongly Disagree ☐ 2. Disagree ☐ 3. Undecided ☐ 4. Agree ☐ 5. Strongly Agree

Comments:

11. My immediate office team treats me fairly and with respect.

☐ 1. Strongly Disagree ☐ 2. Disagree ☐ 3. Undecided ☐ 4. Agree ☐ 5. Strongly Agree

Comments:

12. My supervisor completes my performance evaluations timely, thoroughly, and according to administrative regulation and Cabinet policy

☐ 1. Strongly Disagree ☐ 2. Disagree ☐ 3. Undecided ☐ 4. Agree ☐ 5. Strongly Agree

Comments:

13. I feel senior management understands and works to resolve the problems we face.

☐ 1. Strongly Disagree ☐ 2. Disagree ☐ 3. Undecided ☐ 4. Agree ☐ 5. Strongly Agree

Comments:

14. My ideas and opinions are valued at work.

☐ 1. Strongly Disagree ☐ 2. Disagree ☐ 3. Undecided ☐ 4. Agree ☐ 5. Strongly Agree

Comments:

15. My fellow employees are committed to doing quality work.

☐ 1. Strongly Disagree ☐ 2. Disagree ☐ 3. Undecided ☐ 4. Agree ☐ 5. Strongly Agree

Comments:

16. The workload in my office is fairly distributed.

☐ 1. Strongly Disagree ☐ 2. Disagree ☐ 3. Undecided ☐ 4. Agree ☐ 5. Strongly Agree

Comments:

17. My supervisor encourages my professional job development and growth.

☐ 1. Strongly Disagree ☐ 2. Disagree ☐ 3. Undecided ☐ 4. Agree ☐ 5. Strongly Agree

Comments:

18. This last year, I have had opportunities at work to learn and grow.

☐ 1. Strongly Disagree ☐ 2. Disagree ☐ 3. Undecided ☐ 4. Agree ☐ 5. Strongly Agree

Comments:

This section is optional.

Race/Ethnicity:

- ☐ Black or African American
- ☐ Hispanic/Latino
- ☐ White or Caucasian
- ☐ Asian
- ☐ Other

Age: _____

Gender:

- ☐ Male
- ☐ Female

Years of State Service:

(Please indicate years of service with the Commonwealth. Include only total state service, not purchased service or military time.)

<input type="checkbox"/> 0 - 2	<input type="checkbox"/> 2 - 5
<input type="checkbox"/> 5 - 10	<input type="checkbox"/> 10 - 16
<input type="checkbox"/> 16 - 20	<input type="checkbox"/> 20 - 27
<input type="checkbox"/> 27 - 30	<input type="checkbox"/> 30 - 35
<input type="checkbox"/> 35 +	

Thank you for completing this survey.

Address for submitting a printed survey:

Cabinet for Health and Family Services
Office of Human Resource Management
Attention: Jean Kendell
275 E. Main Street, 5CD
Frankfort, KY 40621